

ANNUAL CHOOSE LIFE SPECIALTY LICENSE PLATE AFFIDAVIT TO DHSMV BY COUNTY

County_____

Fiscal Year Ending_____

County Prior Year Ending Balance \$ _____
Annual Plate Fees Received From State \$ _____
Interest Earned on Fees \$ _____
Total Available for Distribution by the County \$ _____

Annual Plate Fees Distributed to Agencies \$ _____
Interest Earned by Agencies on Fees \$ _____
Total Available for Agency Expenditures \$ _____

Annual Plate Fee Expenditures By Agencies

Primary:	Women	Infants	Total
Clothing			
Housing			
Medical Care			
Food			
Utilities			
Transportation			
Other Material Needs			
Total Primary Expenditures			\$ _____

Secondary:	Women	Infants	Total
Counseling			
Training			
Advertising			
Adoption			
Total Secondary Expenditures			\$ _____

Total Primary **and** Secondary Expenditures \$ _____

Primary expenses as a % of total Expenditures _____ %

Secondary expenses as a % of total Expenditures _____ %

Percentage of Distributed Fees Utilized _____ %

Amount Returned by Agency (if any) to County \$ _____

Amount Retained by Agency (if any) \$ _____

County Fiscal Year Ending Balance \$ _____

We certify that all recipient agencies and the County have complied with Florida Statutes, 320.08056 and 320.08058.(30)

Chair, Board of County Commissioners

Date